

does not enter the eye. So it seems but rational that such a mode has, as a matter of fact, largely been abandoned. One should also always remember the observation of Fuchs, i. e., that if such injections are made too close to the limbus we are apt to severely injure the cornea. Regarding subconjunctival injections of saline solutions, I should like to mention the method practiced during my service in Bern, consisting in doing a Keratomy along with the injection. It has been proved experimentally that the sudden depletion of the anterior chamber acts as a strong stimulant for nutritive changes in the uveal tract, and combining a keratomy with subconjunctival injections of saline solution we found to be a very efficient way of favorably influencing a number of graver fundus affections. The use of the guarded lance renders the operation safe and rather unimportant, with practically no risk of iris-prolaps or adhesions.

EVILS OF THE LODGE PRACTICE SYSTEM.*

By REXWALD BROWN, M. D., Santa Barbara, Cal.

Mr. President and Members of the Santa Barbara County Medical Society: It is far from my purpose tonight to introduce into my remarks anything of bitterness, or to condemn outright with rash statement that particular form of contract medical service known as lodge practise; the subject is too large a one to be viewed from but our standpoint, too complicated a one to be handled harshly. The medical profession is not yet a unit on the value or the perniciousness of lodge practice to society and to the profession. The condition as it exists today is, however, provocative of much discussion throughout the medical world, and efforts toward a solution are read of in almost every reputable medical journal. With constantly increasing volume the flow of opinion is reaching the conviction that the present system of lodge practice is, in the main, dangerous to lodge members and inimical to the welfare of the profession. This last statement expresses my convictions, and I hold to them as I hold to convictions in politics, in religion, in morals, without feeling of animosity toward those who differ with me.

In this age of the world, movement in the social fabric is toward association; most accomplishments, good or bad, affecting greater or lesser divisions of humanity, in the industrial, labor, financial, religious and purely social spheres, are maneuvered to completion through the force of many minds acting in unison. Mutual helpfulness is the guiding motive—the desideratum, the greatest good to the greatest number. This sounds utopian; it isn't though; the innate selfishness of man, singly and in the aggregate, does not suffer annihilation in the momentum of associate action; the conflict for self-aggrandizement, for power, for gain at the expense of others, finds expression within the very center of the charmed circle directing a movement, and the movement itself is scarce likely to take heed of individuals or other movements, which it is to its interests to use or to crush.

Fraternal orders, lodges, clubs, are expressions

of our civilization today; they have been evolved from the social aspirations of man, and are associative movements directed primarily toward bringing congenial persons into closer contact for various purposes. In this country, except in very recent years, the chief aims appear to have been the promotion of bon comaraderie, healthful pleasure, intellectual gain, and the institution of financial benefits to members in need through sickness. As such, fraternal orders and lodges have been important factors in social and industrial life, and well deserve their integral part in the body politic.

At the present time, however, the chief aim of many fraternal orders appears to be the exploitation and control of physicians in the interests of the numerical and financial growth of the lodges, and mainly at the expense of the physicians. This, I realize, is a very radical statement, at which vehement exception might be taken, and I shall qualify it. I do not believe this status of affairs to have been intentionally born and fostered; it has been evolved from the sick benefit encumbrances of the lodges, and is altogether an expression of the manner in which expenses incurred by members through the onslaught of disease have been reduced to a minimum. The lodges have had in mind the best possible arrangements for the greatest possible number. The movement concerns itself but little with, and that to flatter, the interests which it uses, and sweeps on regardless, because blind to the dangers which beset its course. I am free to confess, however, that in view of so many lodges having been formed whose only aim appears to be to get medical services cheaply, that I believe unscrupulous men, taking keen advantage of conditions as they are, have found it to their financial advantage to organize lodges, using doctors' services as a magnet to gain members.

The above is an attempt explanatory of the involvement of the medical profession in lodge practise. I admit the explanation is a bit hazy. The problem which confronts us as medical men, however, is not the cause of the existence of the practice; we must concern ourselves with the evils manifested in the workings of the system. And here let me say it will avail us nothing to rail at the lodges for their introduction and management of this practice; they have merely grasped an opportunity. Nor should aught be said in scathing denunciation of the doctors who have lent and are lending their efforts in furtherance of the practice. Let us be just to them; they—most of them—believe fully in the propriety of the system, and in the real good to be accomplished through it. Also many physicians have made a fair competence through their lodge work and have rendered excellent service to patients. They have been and are honest in their convictions of an economic basis for the system.

Yet I think it can unqualifiedly be stated that physicians are wholly responsible for the development and maintenance of the lodge practice conditions as they exist today. As originally evolved and handled, the system seemed to promise well—there

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was no spirit of cupidity in it—it promised good to the lodges, it promised good to the doctors, and to neither appeared aught of harm.

What is the clinical picture, as it were, of the situation today? Doctors in many instances have allowed themselves to underbid each other for the medical work of the lodges. How does this affect society, represented by the lodge? How is the medical profession affected thereby?

Medicine has ever been a respected calling, yea, even a noble one. It is a profession, an occupation devoted to service of the world—its aims are higher than mere livelihood. It is not a trade, making it competitor with other trades; its devotees assist each other as colleagues for the common good of humanity. Benefits to self are secondary matters. Is it not true, then, that bidding for lodge patients debauches the profession from its high position into the marts of trade, and makes financial income to self paramount to the service to be rendered? Truly the baneful spirit of our commercial age has tainted a noble calling.

What injuries does the individual doctor suffer through lodge practice—in what manner does he injure his professional brethren because of his acceptance of such work?

First: So small are the fees received—scarcely any lodge pays its doctor above two dollars a year for each member, and some lodges require the doctor for this sum to attend to all ailments, not only for the member, but also for each and every member of his family—that the doctor dependent on these alone is unable to afford proper equipment for his work, unable to travel at times to the centers of medical activity, nor is he able to buy journals and books that he may keep abreast of the advances in his profession.

Secondly: The dignity which should be his is stripped from his shoulders. He must constantly be in the fear of censure from the lodge through complaint of some member not pleased at his inability to respond as promptly as desired to a call. He is a slave to demands for attention on part of members day and night, for ailments, many of them too trivial to merit a physician's care; he must respond, however, because of terms of contract.

Thirdly: Being sure of his fees, the doctor as a rule examines his patients in a slighting and cursory manner; he knows full well extra attention to diagnosis and treatment in no way affects his compensation; he grows careless and his diagnostic acumen falls off; treatment follows snap shots or guesses. The doctor thus works grave injury to himself—study and self-improvement slough off.

Fourthly: The lodge physician is not hail fellow well met with his brother practitioners. They look upon him as having introduced ruinous cutting into a fair schedule of fees, which enables the profession to keep abreast of medical advancement, thereby assuring the public always the best in therapeutics.

Fifthly: The bitterness, the charges and counter charges, and the dissensions engendered between the lodge doctors and those not so engaged

causes toward the profession a lessened feeling of respect from the public, and they grow skeptical that we have their real welfare at heart, and regard their bank accounts as of only minor consequence.

The members of the medical profession who do lodge practice suffer, therefore, most, perhaps, in their fall from professional tone and high ideals. What do the lodge members who receive the practice lose, or, perhaps better, fail to receive?

Because of the poor compensation they pay, the services rendered to them, as a rule, are of low grade. The careful, assiduous attention which they, as patients, expect from doctors, is withheld from them. The lodge doctor, commercially biased, when called into a case of sickness, shrugs his shoulders with the thought: "Well, it's only a lodge patient. I have been paid, or will be, regardless of any special attention I may give this man." He therefore does not exert himself; that sympathy which should flow to the patient from the doctor, that confidence which should be the patient's toward his physician, both are wanting, and the struggle for the mastery over disease is robbed of powerful weapons.

Lodges have made the serious mistake of rating all physicians in the same class as regards education, training, ability and earnestness, and they have believed that an ungraded type of services is furnished by all bearing the degree of M. D., and that these services should have ungraded compensation. Little do they appreciate how many lives have been jeopardized, how many weeks of unnecessary invalidism have been suffered with attendant evils to family and to society, through failure to recognize that merit counts as much and more in the handling of disease as in other phases of life. And merit which is knowledge is worth the extra cost.

Many lodges require their physicians to furnish medicines in addition to services. Other lodges have contracts with drug stores by which prescriptions are to be filled for members at a minimum rate, chargeable to the lodge. Both these plans work almost invariably an enormous harm to those who rely on their physician to offset disease through the medium of drugs. In the first instance patients, instead of receiving drugs applicable to their conditions, which, of course, the illy-paid doctor is unable to buy, are made the recipients of nostrums and proprietaries of all types, so kindly laid at various times by the road agents on the doctors' office desks. Thus the patient is duped, and the doctor is an unpaid agent in pushing the nostrum traffic.

In the second instance the druggist, if he receives but, let us say, twenty-five cents a prescription, is unable to make any money if the doctor writes prescriptions which overreach that limit. Consequently the doctor and the druggist, who as a rule are brothers, fraternally speaking, arrive at an agreement by which all prescriptions written allow the making of ten or fifteen cents on the twenty-five cent basis, in which profit often the doctor shares. Thus the confiding patient, perhaps needing medicine costing a dollar or more, has foisted off on him something costing little to furnish, and maybe not at all beneficial to his condition. Graft in a petty

form, and in that form inimical to health, is thus a feature which has become introduced into the lodge practice system.

In view of the preceding, the lodge medical practice system is working grave injury to society and to the profession. Surely the evil must not be allowed to grow. The lodges as yet unappreciative of the dangers they are subjected to will certainly not make the first efforts to bring about a change. The solution rests with the medical profession. We have it in our power, at least in this country, to apply the needed remedy. This remedy is a simple one; it consists in the solidification of the profession in opposition to the practise.

I urge on every physician membership in the American Medical Association, whose aims are the safeguarding of individual and public health. Despite the carping and false statements constantly being hurled at this splendid organization from charlatans, quacks, dogmatists, faddists and malcontents, commercially biased, in the profession, to the effect that it is a medical trust, it is nevertheless true that the A. M. A. is directing its energies to the highest expression of service to mankind through a training for its members most comprehensive and rigid, asking in return fair compensation only, that it may have opportunity to ever increase the value of the service. Let each one of us, then, take our full part in the movement, and lodge practice which runs counter to these high desires must cease to exist.

In conclusion, let me say I have no quarrel with the many honest doctors, who, with strong convictions, have rendered and are rendering conscientious attention to lodge members under the lodge practise system. I have only been opposing a principle which to me appears radically wrong.

THE EARLY TREATMENT OF CROSS EYES.

By VARD H. HULEN, A. M., M. D., San Francisco.

A very large proportion of our profession continues to advise that the treatment of cross-eyed children be deferred until the patients are six or seven years of age. And it seems necessary to protest with all possible emphasis against the method of treatment pursued today by many of those practising ophthalmology when they place upon their little cross-eyed patients a pair of glasses with absolutely no further attention for months and years than to replace lenses broken or "outgrown." The parents have been told or allowed to infer that nothing further could be or should be done for the uncured squint unless operative treatment is submitted to, and thus the vision of these children is sacrificed.

These facts seem a sufficient excuse for my venturing to introduce here the subject of the importance of early treatment of squint.

It is necessary for us to teach that in addition to making the eyes straight our treatment is also to restore normal function. In fact the development and restoration of function are more important than the mere attainment of parallelism of the eyes be-

cause the continuance of the satisfactory cosmetic effect obtained may depend absolutely on the presence of good binocular vision, for when a cross-eye has been restored to parallelism by an operation, there is no assurance that it will remain so in the absence of the normal function of the eyes. The attempts to straighten the eyes may have been unsuccessful owing to the neglect of early treatment to develop the deficient faculties concerned in binocular sight, or disastrous as in the case of a former convergent strabismus having been converted into a divergent one.

In order to restore the normal functions to squinting eyes it is necessary, with but few exceptions, to give our attention early in the history of the case. Treatment should begin as soon as true squint has been diagnosed, no matter how young the patient may be nor the kind of strabismus present.

Practically all cases of cross eyes can be cured in the sense of restoring them to parallelism when the treatment is correct and the patient faithful, but if by a cure we mean to attain normal function in addition to parallelism, then the cure depends on the time of beginning the treatment as well as on the skill of the oculist and the fortitude of the patient.

Deficient vision of a cross eye may be a congenital or an acquired defect, but the fusion faculty appears after birth, being fully developed before the child has reached the age of six years, if attained at all. In order that the fusion faculty may be acquired in a normal manner, it is necessary that the child should have working vision in each eye, and that the eyes be straight. Without the power to fuse the images of an object as seen by each eye, the ocular functions remain forever defective. Now we know it is possible to develop artificially the fusion faculty in a child with defective sight and cross eyes, too, if proper treatment be commenced early enough. We also know that the vision of the squinting eye, being unused, may in time become practically nil; this amblyopia ex anopsia occurs in cases where the squint appeared before the children were six years old, rarely in cases beginning at a later period. Hence the importance of giving a correct answer when parents of a squinting child inquire the time for the beginning of treatment.

By the early treatment of cross eyes we expect to accomplish three objects: 1. The acquirement of good vision in the squinting eye. 2. The development of the fusion faculty. 3. The attainment of parallelism of the two eyes. By deferred treatment we can only hope to accomplish the last object alone. This in the past has been considered the whole cure of squint, as the deviation only is patent to all.

Claud Worth, whose work I had the privilege of studying in London three years ago, deserves the credit of directing our attention to the necessity of and methods for giving rational and successful treatment in early squint cases.

Let us follow out only in a general way, the usual procedure of an oculist when a case of strabismus is presented for early treatment.

The subjective examination gives him the approximate date of the appearance of the trouble, and